

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

DEC 28 2004

S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Representative Larry Rhoden

Complete Mailing Address P.O. Box 512

Name of Person Making Report Sandy Rhoden Daytime Phone Number 605-985-5461

If you are a candidate, what office are you seeking? Dist. 29 House of Representatives

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) _____

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) General '2004' Dec. 31, 2004

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Sandy Rhoden (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: Dec. 27, 2004

Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 28th day of

December 2004

Chris Nelson

SECRETARY OF STATE

*\$ 550.00

Name of Candidate or Committee _____

For the reporting period ending _____

Schedule A - Direct Contributions (continued)

Unitemized Contributions from Political Parties:

*\$ _____

Itemized Contributions from Political Parties

Party Name	Address	\$

Total of Itemized Contributions from Political Parties:

*\$ _____

Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

PAC Name	Address	\$
SD Assoc. of Insurance Agents	P.O. Box 327 Pierre, SD 57501	\$ 100.00
SD Inkeepers Assoc.	2703 W. 7 th St. Sioux Falls SD 57104	\$ 25.00
SDABA PAC Agri-Business	320 E. Capitol Ave. Pierre, SD 57501	\$ 100.00
SD Insurance PAC	222 E. Capitol St. 17 Pierre, SD 57501	\$ 100.00
SD. Chiropractic - PAC	323 22 nd Ave. Brookings, SD 57006	\$ 200.00
SD. Assoc. of Specialty Care Providers	PAC 186B Lombardy Dr. RC, SD 57103	\$ 250.00
SD. Used Car Dealers Assoc.	P.O. Box 7077 Pierre, SD. 57501	\$ 200.00
SD. Health Care Assoc. PAC	804 N. Western Ave S. Falls 57104	\$ 200.00
SD. Manufactured Housing Assoc. PAC	P.O. Box 7077 Pierre, SD 57501	\$ 250.00
WELL PAC	636 Grand Ave St. 13 Des Moines, IA	\$ 200.00
SD. Retailers for Effect. Gov. PAC	P.O. Box 638 Pierre, SD. 57501 50309 th	\$ 200.00
SD. Corn Growers Assoc. Co PAC	3801 S Western Ave. SF, SD 57105	\$ 150.00
Q WEST SD PAC	125 SD Ave 8 th St. SF, SD 57194	\$ 150.00
Action Corn for Ethanol	P.O. Box 184 S. Falls, SD.	\$ 85.00
SD. Optometric PAC	26-5 th St. NE Box 1540, Waterbury SD	\$ 100.00
Business + Indust. PAC	P.O. Box 190 Pierre, SD 57501 7201	\$ 125.00
SD RPAC	120 N. Euclid Ave. Pierre SD 57501	\$ 300.00
SD Cert. Reg. Nurses PAC	4518 River Oaks Dr. SF, SD 57105	\$ 100.00
IFA PAC	P.O. Box 877 Pierre, SD. 57501	\$ 250.00
Assoc. General Contractors	Box 488 300 E Capitol, Pierre, SD	\$ 400.00
South Dakotans for Progress		\$ 25.00
Black Hills Corporation	P.O. Box 1040 Rapid City, SD 57709	\$ 100.00

Total of Itemized Contributions from Political Action Committees:

*\$ _____

Total of All Direct Contributions (Sum of all lines with an *)

\$ 3610.00

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: _____

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: _____

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: _____

[illegible]

For the reporting period ending: _____

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]**Total Obligations:**

1 Name of Candidate or Committee: _____

For the reporting period ending: _____

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 2013.45
2. Receipts
 - Schedule A - Direct Contributions \$ _____
 - Schedule B - Fund-Raising Events \$ 0
 - Schedule C - In Kind Contributions \$ _____
 - Schedule D - Other Income \$ _____
 - Total of all Receipts \$ _____
3. Total Monetary Receipts (A+B+D) \$ 2,160.00
4. Candidate's Personal Contribution to Own Campaign \$ _____
5. Monetary Loans to Candidate or Committee During Reporting Period \$ _____
6. Monetary Loans Repaid During Reporting Period \$ _____
7. Expenditures - Schedule E \$ 1454.49
8. Unpaid Obligations - Schedule F \$ _____
9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 4,718.96

